South Carolina Department of Disabilities and Special Needs
PDD State Funded Program Notice of Disenrollment

Date Form Completed: _____

Recipient's Name: _____

Medicaid #: | | | | | | | | | | |

SSN#: | | | | | | | | | |

The person named above is no longer eligible to receive services funded through the PDD State Funded Program for the reason noted below:

☐ Death ☐ Admitted to an ICF/MR ☐ No longer meets ICF/MR Level of Care
☐ Other_____ ☐ Voluntary withdrawal ☐ Consumer moved out of state
☐ No service received in 30 days ☐ No services received since enrollment
☐ Placement in Nursing Facility/Hospital has exceeded 30 consecutive calendar days and there is no expectation of return to the PDD Waiver

☐ Individual has not received _____ (the needed service) for 30 consecutive calendar days due to provider non-availability [The individual will be disenrolled, but will remain pending for 90 days; therefore, retaining the waiver slot. If a provider has not been located within 90 days, the individual will be removed from pending status and the slot will be revoked.

If a provider is secured, the consumer must be re-enrolled; Freedom of Choice must be completed and Level of Care re-submitted].

EFFECTIVE DATE OF DISENROLLMENT: _____/_____/_____
The effective date is 10 calendar days from the date the form is completed with the exception of death, loss of Medicaid, or admission to an ICF/MR or Nursing Facility or the child moves out-of-state. This allows the legal guardian notice prior to disenrollment/loss of services and the right to appeal without services being terminated.

As a result of this disenrollment, service(s) currently being provided will be terminated with this effective date. Contact your Service Coordinator about these services or any questions that you may have.

If form completed more than 2 days after the termination date, provide reason for delay:_____

_____

_____

Service Coordinator: _____

DSN Board/Provider:_____ Phone:_____

Address:_____

Signature: _____ Date: _____/_____/_____

Original: Legal Guardian Copy: Waiver Enrollments Coordinator, DDSN Cost Analysis and File

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